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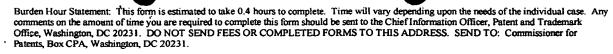
PTO/SB/29 (8-00)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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	tion.	
<ol> <li>A preliminary amendment is enclosed.</li> <li>This application is filed by fewer than all the inventors name.</li> </ol>	ed in the prior appli	cation 37 CFR 1 53(d)(4)
a. DELETE the following inventor(s) named in the p		
	<del></del>	
		<u></u>
b. The inventor(s) to be deleted are set forth on a sep		
4. A new power of attorney or authorization of agent (PT	O/SB/81) is enclosed.	AUG 37000
5. Information Disclosure Statement (IDS) is enclosed.		AUG -1 200) 3700 MAIL ROOM
a. PTO-1449		AIL
b. Copies of IDS Citations  [Page 1]		200) L R

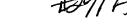


	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c) or (j))	-20°=		r \$=	S
	INDEPENDENT CLAIMS (37 CFR 1.16(b) or (j))	-3**=		r \$=	
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) r \$=			r \$=	
				BASIC FEE (37 CFR 1.16)	710.00
			Total of above	Calculations =	710.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				-355.00
	*Reissue claims in excess of 20 and over origi *Reissue independent claims over original pai			TOTAL =	355.00
. 🛛	Small entity status: Applicant clair	ns small entity status. See	37 CFR 1.27.		
. 🛚	The Commissioner is hereby author Deposit Account No. 50-1865:	rized to credit overpayment	s or charge the following fee	s to	
a. 🖾	Fees required under 37 CFR 1.16.				
	Fees required under 37 CFR 1.17.				
b. 🛛	Fees required under 37 CFR 1.18.				
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## NOTE: The prior application's correspondence address will carry over to this CPA UNLESS a new correspondence address is provided below.

		12. NEW CORR	ESPONDENCE ADDRESS	-	
Customer N	umber or Bar Code Label			or New corr	espondence address below
	1 1 1 1 1	(Insert Customer No. or	Attach bar code label here)		
NAME	RITA Medical Systems, Inc	).			
ADDRESS	967 N. Shorline Blvd				
CITY	Mountain View	STATE	California	ZIP CODE	94043
COUNTRY	USA	TELEPHONE	650-314-3400	FAX	650-390-8505

13. SIGNATURE O	F APPLICANT, ATTORNEY, OR AGENT R	REQUIRED
NAME (Print/Type)	Joel M. Harris	
SIGNATURE	(Il VI Stame	0.1
REGISTRATION NO. (Attorney/Agent)	Ap,743	ω
DATE	√/26/01	0 0
	[Page 2 of 2]	-1 2001 MAIL ROOP







## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Gough, et al.

Serial No.: 08/963,239

Filed: 11/03/1997

For: Multiple Antenna Ablation Apparatus

and Method

Group No.: 3739

Examiner: Peffley, M.

Commissioner for Patents Washington, D.C. 20231

## PRELIMINARY AMENDMENT

Dear Sir or Madame:

Attorney Docket No.: 13724-787

Prior to the examination of the above-identified patent application on the merits, please consider the following amendments and remarks.

RECEIVED

AUG - 1 2001